

Remarks/Arguments:

Claims 1-20 stand rejected under 35 U.S.C. § 103(a) as unpatentable over U.S. Patent No. 6,284,131 (Hogard et al.) in view of U.S. Patent No. 5,339,821 (Fujimoto). Applicants respectfully traverse these rejections.

"To establish a *prima facie* case of obviousness, ... the prior art reference (or references when combined) must teach or suggest all the claim limitations." M.P.E.P. §2143. Additionally, as set forth by the Supreme Court in *KSR Int'l Co. v. Teleflex, Inc.*, No. 04-1350 (U.S. Apr. 30, 2007), it is necessary to identify a reason that would have prompted a person of ordinary skill in the relevant field to combine the prior art elements in the manner claimed.

Independent claim 1 recites: "A dialysis system for implementing a course of treatment for a patient as instructed by a medical personnel and executed by a person, the dialysis system comprising: at least one patient place having a dialyzer, a video terminal, and an ID input device for inputting an identification; a central server including a data base; and at least one physician place equipped with a video terminal, said video terminals of the at least one patient place and the at least one physician place and the server being interlinked with each other and configured such that information on the course of the treatment at a selected patient place is callable and instructions for a selected patient place are adapted to be input; wherein the system is configured such that information on the execution of an instruction can be input at the patient place and the execution of an instruction is acknowledged by the executing person acknowledging his or her identity at the ID input device."

The Office Action acknowledges that Hogard et al. does not teach video terminals and a server configured such that information on the course of treatment at a selected patient place is callable and instructions for a selected patient place is callable and instructions for a selected patient place are adapted to be input. Fujimoto is cited as teaching a home medical system equipped communication equipment to connect to a medical institution side and that it would have been obvious to add these features to Hogard with a motivation of having a home medical system that can undergo a check or inquiry a medial specialist at a medical institution.

Applicants respectfully submit that Fujimoto does not overcome the shortcomings of Hogard et al. The only transmission of information described in Fujimoto is the transmission of test data to be stored in memory and for the doctor to send, and a patient to reply to, a diagnosis inquiry. In neither case is information on the course of treatment callable at a

selected patient place, as recited in claim 1. Fujimoto is only concerned with diagnosis and does not teach or suggest the transmission or availability of a course of treatment.

Furthermore, none of the cited references, teach or suggest a system configured wherein the execution of an instruction is acknowledged by the executing person acknowledging his or her identity at the ID input device. The portions of Hogard et al. cited in the Office Action, namely Col. 8, Ins. 25-40 and Col. 11, Ins. 40-45, do not teach or suggest this feature. The cited sections relate to entry of information through a touch screen or a data card. Nowhere does Hogard et al. teach or suggest that the execution of an instruction is acknowledged by the executing person acknowledging their identity.

The Office Action cites Fujimoto Col. 7, Ins. 55-65 for the general teaching of inputting identification information into the medical apparatus. Fujimoto states "When the medical apparatus 8 is to be used commonly by a plurality of users, identification information of entry numbers of the users must be inputted in advance." This is simply a patient log in function such that the medical apparatus is associated with the current patient. In no way does the entry of such information acknowledge the execution of any instruction nor identify who may have carried out an instruction if such were even given, which as explained above, Fujimoto does not teach receiving instructions. A patient of the Fujimoto system could log in to the system by entering their identification information and then take no actions. There would be no way to tell if the patient took any actions simply by their logging in to the system.

For at least these reasons, it is respectfully submitted that the cited references, alone or in any reasonable combination, fail to teach or suggest and each limitation of the claimed invention. It is respectfully submitted that independent claim 1 is in condition for allowance. Claims 2-10 each depend from claim 1 and are also allowable for at least the reasons set forth above.

Independent claim 11 recites all of the limitations of claim 1 and is allowable for at least the reasons discussed above. Independent claim 11 further recites "a patient code can be input which allocates the at least one patient place to a patient, the video terminal of the at least one patient place is configured as a user interface for setting and changing parameters of the dialyzer, and the setting and change are stored along with the identity of the executing person."

The Office Action acknowledges that Hogard et al. does not teach that the setting and change of parameters is stored along with the identity of the executing person. Fujimoto is again cited for teaching the inputting of identification information in to a medical apparatus. As explained above, Fujimoto only teaches the input of identification information to log a patient onto the system. Fujimoto does not teach or suggest inputting or storing any information regarding any individual that may have executed changes of parameters of the apparatus.

For at least these reasons and the reasons given above with respect to claim 1, it is respectfully submitted that independent claim 11 is in condition for allowance. Claims 12-16 each depend from claim 11 and are also allowable for at least the reasons set forth above.

Independent claim 17 recites all of the limitations of claim 1 and claim 11 and is allowable for at least the reasons discussed above. Independent claim 17 further recites "information on occurrences may be input at the patient place and such input is effected in that the executing person acknowledges his or her identity in the ID input device."


The Office Action acknowledges that Hogard et al. does not teach that information on occurrences can input at the patient place and an acknowledgement of the input is effected in that the executing person acknowledges their identity. Again, Fujimoto is cited for teaching the inputting of identification information in to a medical apparatus. As explained above, Fujimoto only teaches the input of identification information to log a patient onto the system. Fujimoto does not teach or suggest inputting occurrences or effecting the input of such information by the executing person acknowledging their identity.

For at least these reasons and the reasons given above with respect to claims 1 and 11, it is respectfully submitted that independent claim 11 is in condition for allowance. Claims 18-20 each depend from claim 17 and are also allowable for at least the reasons set forth above.

It is respectfully submitted that each of the pending claims is in condition for allowance. Early reconsideration and allowance of each of the pending claims are respectfully requested.

If the Examiner believes an interview, either personal or telephonic, will advance the prosecution of this matter, the Examiner is invited to contact the undersigned to arrange the same.

Respectfully submitted,


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